

Washington Benchmark Benefits Analysis (Draft)
Comparison of Covered Servicesⁱ

Y = Covered; N = Not Covered; U = Unknown at this time; R = Covered with Optional Rider

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Ambulatory Patient Services							
Providers							
Family/General	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Internal Medicine	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
OB/Gyn	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Specialist Physicians	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Other Covered Providers							
Nurse Midwife	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Chiropractor	N ²	Y ³	Y ⁴	Y ⁵	Y ⁶	Covered in EHB	Required to include because service

¹ For the purposes of this analysis, we assume that if a service is in an EHB reference plan, it is a required service under Medicaid Benchmark. However, CMS has not made a final policy decision on this issue. It is also unclear how CMCS will handle services in a reference plan that Medicaid is not permitted to cover, e.g., Room and Board for alcohol/substance abuse detoxification. Based on the CMS guidance for EHBs in the individual market, it appears that states will be required to go to another reference plan if a service falls under one of the 10 EHB categories but is not in an EHB reference plan, e.g., rehabilitative services or behavioral health treatment. In our analysis, we were unable to determine conclusively if the reference plan was missing an EHB category such as rehabilitative services or behavioral health treatment.

² For 20 & under only.

³ Regence covers 10 spinal manipulations/year (applies when groups choose a limit); GH covers 10 manipulations/year; Premera covers 12 manipulations/year.

⁴ 1 office visit/year, 1 x-ray, 12 osteopathic/chiropractic manipulations/year

⁵ 10 manipulations/year

⁶ 10 manipulations/year

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						reference plan but not Medicaid Standard.	covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard for adults.
Osteopath	Y ⁷	Y ⁸	Y ⁹	Y ¹⁰	Y ¹¹	None	Required to include because service covered under EHB reference plan.
Acupuncturist	N	Y ¹²	Y ¹³	Y ¹⁴	Y ¹⁵	Covered in EHB reference plan but not Medicaid Standard	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard for adults.
Naturopath	N	Y ¹⁶	N	Y ¹⁷	Y ¹⁸	Covered in EHB reference plan but not Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard for adults.

⁷ 10 manipulative therapy visits/year.

⁸ Regence covers 10 spinal manipulations/year (applies when groups choose a limit); GH covers 10 manipulations/year; Premera covers 12 manipulations/year.

⁹ 12 manipulations/year

¹⁰ 10 manipulations/year

¹¹ 10 manipulations/year

¹² Regence and Premera cover 12 visits/year; GH Welcome covers 8 visits/enrollee/medical diagnosis/year.

¹³ 24 visits/year

¹⁴ UMP covers 16 visits/year; GH Classic and GH Value cover 8 visits/enrollee/medical diagnosis/year.

¹⁵ 8 visits/enrollee/medical diagnosis/year.

¹⁶ GH Welcome covers 3 visits/enrollee/medical diagnosis/year.

¹⁷ GH Classic and GH Value cover 3 visits/enrollee/medical diagnosis/year.

¹⁸ 3 visits/enrollee/medical diagnosis/year.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Audiologist	Y	Y	Y ¹⁹	Y ²⁰	Y	Reference plans more limited than Standard.	Required to include because service covered under EHB reference plan. Options: <ul style="list-style-type: none"> • Include and align with EHB reference plan. • Include and align with Standard.
Dentist – Restorative	Y ²¹	Y	Y ²²	Y ²³	Y ²⁴	No meaningful differences for most adults. (Pregnant women who are eligible for comprehensive dental are Benchmark exempt)	Required to include because service covered under EHB reference plan.
Dentist –Diagnostic/Preventive	Y ²⁵	N	Y ²⁶	N	N	No meaningful differences for	Not required to include because service is not covered under EHB reference

¹⁹ Treatment related to illness or injury.

²⁰ UMP covers treatment related to illness or injury.

²¹ Some clients eligible for comprehensive dental: pregnant women, some disabled, some aged. Others emergency oral for trauma, infection, pain only.

²² Regence (accidental injuries only - hospitalization), payment excludes charges of dentist; GH Welcome (ages 7 and under where medically necessary – excludes charges of dentist); Premera (accidental injuries only – hospitalization)

²³ Accidental injuries only (hospitalization).

²⁴ Accidental injuries only (hospitalization), payment excludes charges of dentist.

²⁵ Some clients eligible for comprehensive dental: pregnant women, some disabled, some aged. Others emergency oral for trauma, infection, pain only.

²⁶ BCBS Standard plan only pays low fixed amount.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						most adults. (Pregnant women who are eligible for comprehensive dental are Benchmark exempt.)	plan.
Eyeglasses and Exams	Y ²⁷	Y ²⁸	Y ²⁹	Y ³⁰	Y ³¹	Yes.	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard for adults.
Optometrist	Y ³²	Y	Y ³³	Y	Y	Reference plans more expansive than Standard.	Required to include because service covered under EHB reference plan.

²⁷ Covers exam only for adults. Glasses not covered for adults.

²⁸ Glasses: covered under Premiera Balance and Under Regence Innova with Optional Rider, and not covered under Group Health Welcome 1000. Exams: Routine vision exams covered under all three plans.

²⁹ One pair of glasses per accident, condition, or to delay surgery. Routine vision exams are not covered; however, it appears that vision screening is covered for children.

³⁰ Glasses: \$150/24 months. One routine vision exam per year.

³¹ One pair after cataract surgery. One routine vision exam per year. Eyeglasses for children covered under separate rider.

³² Once every 24 months for asymptomatic adults age 21+.

³³ Exams related to specific medical condition. Also offered as a ridered benefit.

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			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Podiatrist	Y ³⁴	Y ³⁵	Y ³⁶	Y ³⁷	Y ³⁸	None	Required to include because service covered under EHB reference plan.
Nurse Practitioner/Clinical Specialist	Y	Y	Y	Y	Y	None	Required include because service covered under EHB reference plan.
Christian Science Practitioner	N	N	N	N	N	None	Not required to include because service not included in EHB reference plan.
Biofeedback	N	Y/N ³⁹	N	Y/N ⁴⁰	U	Minor: biofeedback for headaches covered under State Employee EHB reference plan.	Not required to include if FEHB and HMO are chosen as EHB reference plan. Required to cover for headaches if State Employee is chosen as EHB reference plan. If State Employee is chosen, Benchmark could include a service for Section VIII adults not currently covered under Standard for adults.
Hypnotherapy	N	N	N	N	N	None	Not required to include because service not included in EHB reference plan.
Telehealth	Y	Y/N ⁴¹	N	Y/U ⁴²	Y	Service not	Required to include if State Employee

³⁴ No coverage for routine footcare.

³⁵ Regence and Premera (metabolic/peripheral vascular disease – ex. diabetes only); GH Welcome (covered where medically necessary, e.g., diabetes only).

³⁶ Metabolic/peripheral vascular disease – ex: diabetes only.

³⁷ UMP (metabolic/peripheral vascular disease - ex. diabetes only)

³⁸ Metabolic/peripheral vascular disease – ex: diabetes only.

³⁹ Not covered by Regence or GH Welcome. Premera covers for migraines and generalized anxiety disorder only.

⁴⁰ Not covered by GH Classic or GH Value. UMP covers headaches only.

⁴¹ Not covered by GH Welcome or Premera. Regence covers when originating site is a rural health professional shortage area.

⁴² Unknown for GH Classic and GH Value. UMP covers when originating site is a rural health professional shortage area.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						covered in FEHB reference plan.	or HMO are chosen as EHB reference plan. Not required to include if FEHB is chosen as an EHB reference plan.
Clinical Ecology	N	N	U	N/U ⁴³	N	None	Not required to include because service not included in EHB reference plan.
Environmental Medicine	N	N	U	N/U ⁴⁴	N	None	Not required to include because service not included in EHB reference plan.
Services							
Outpatient Surgery Physician/Surgical Services							
Operative procedures (Including Pre-and Post-Operative Care)	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Treatment of Fractures, Including Casting	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Correction of Amblyopia and Strabismus	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Endoscopy Procedures	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Biopsy Procedures	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Removal of Tumors and Cysts	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.

⁴³ Not covered by Regence; Unknown for GH Classic and GH Value.

⁴⁴ Not covered by Regence; Unknown for GH Classic and GH Value.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Voluntary Sterilization	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Surgically Implanted Contraceptives (including IUDs)	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Termination of Pregnancy	Y	Y ⁴⁵	Y ⁴⁶	Y ⁴⁷	Y ⁴⁸	Yes. FEHB covers abortion only to preserve the life of the mother/cases of rape or incest. HMO and State Employee cover it (except for late term voluntary terminations).	If State chooses a reference plan for Benchmark that includes elective abortions (abortions beyond cases of rape, incest or life endangerment) the State would not be permitted to receive federal funds for those services. If State chooses FEHB reference plan, Benchmark could include a more limited service than currently covered under Standard.
Treatment of Burns	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Pre-Surgical Testing	Y	Y	Y ⁴⁹	Y	Y	None	Required to include because service

⁴⁵ Regence, GH Welcome and Premera exclude late term voluntary terminations. Premera benefit only available to subscriber or spouse, unless for complications of pregnancy.

⁴⁶ To preserve the life of the mother/cases of rape or incest.

⁴⁷ Excludes late term voluntary terminations.

⁴⁸ Excludes late term voluntary terminations.

⁴⁹ Within one business day of covered surgical service.

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			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
							covered under EHB reference plan.
Anesthetics	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Physician Services							
Office Medical Consultations		Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Infertility Diagnosis and Treatment	N	Y/N ⁵⁰	Y ⁵¹	N	N	FEHB covers diagnoses but not assisted reproduction technology.	Required to cover diagnoses if FEHB reference plan is chosen. Not required to include if State Employee or HMO reference plan is chosen.
Pharmacotherapy	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Second Surgical Opinions	Y	Y	Y	Y ⁵²	Y	None	Required to include because service covered under EHB reference plan.
Separately Billed Outpatient Facility Services							
Routine Vision Exams	Y ⁵³	Y	N	Y ⁵⁴	Y ⁵⁵	None	Required to include because service covered under EHB reference plan.

⁵⁰ Regence covers diagnosis only. Not covered by GH Welcome or Premera.

⁵¹ No assisted reproduction technology.

⁵² GH Classic and GH Value: Provided by GHC providers and authorized in advance.

⁵³ One/year

⁵⁴ One/year.

⁵⁵ One/year.

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			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Routine Hearing Exams	Y	Y/N ⁵⁶	N	Y ⁵⁷	Y	FEHB does not cover	Required to include if State Employee or HMO chosen as EHB reference plan. Not required to include if FEHB is chosen as EHB reference plan.
Operating, Recovery, Observation, and Other Treatment Rooms	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Chemotherapy/radiation Therapy	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
IV/Infusion Therapy	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Dialysis	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Respiratory/inhalation Therapy	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Medical Supplies, Including Oxygen	Y	Y	Y	Y	Y ⁵⁸	None	Required to include because service covered under EHB reference plan.
Nurse Anesthesiologist	Y	Y	Y	Y/U ⁵⁹	Y	None	Required to include because service covered under EHB reference plan.
Physician Assistant	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.

⁵⁶ Not covered by Regence or Premiera; covered by GH Welcome.

⁵⁷ UMP: One/year.

⁵⁸ Subject to unspecified limitations.

⁵⁹ Unknown for UMP; likely covered by GH Classic and GH Value.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Certified Surgical Assistant	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Emergency Services							
Providers							
Emergency Room Services	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Emergency Transportation/Ambulance							
Local Ambulance	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Air Ambulance	Y ⁶⁰	Y	Y	Y ⁶¹	Y ⁶²	None	Required to include because service covered under EHB reference plan.
Urgent Care Centers or Facilities	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Outside Hospital (Paramedics Care, etc.)	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Services							
Outpatient Physician Care	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Non-Surgical Physician Services and Supplies	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Surgical Care	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.

⁶⁰ Requires prior authorization.

⁶¹ Covered when ground ambulance not available or appropriate.

⁶² Covered when ground ambulance not available or appropriate.

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			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Hospitalization							
Providers							
Inpatient Hospital Services (e.g Hospital Stay)	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Inpatient Non-Hospital							
Home Health Care Services	Y	Y ⁶³	Y ⁶⁴	Y	Y	EHB reference plans more limited than Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include more limited scope of services than currently covered under Standard.
Skilled Nursing Facility	Y ⁶⁵	Y ⁶⁶	Y ⁶⁷	Y ⁶⁸	Y ⁶⁹	EHB reference plans more limited than Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include more limited scope of services than currently covered under Standard.
Hospice	Y	Y ⁷⁰	Y	Y ⁷¹	Y	None	Required to include because service covered under EHB reference plan.
Services							

⁶³ Regence Innova and Premera: 130 Visits/Year.

⁶⁴ 25 Visits Up to 2 Hours Each.

⁶⁵ Managed by ADSA, not Medicaid.

⁶⁶ 60 Days/Year.

⁶⁷ Limited Coverage. 75 Visits/Year PT/OT/ST

⁶⁸ 150 Days/Year.

⁶⁹ 60 Days/Year.

⁷⁰ Premera: 6 months of hospice with Exclusions. 10 Days Inpatient.

⁷¹ 6 months or less of hospice.

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			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Inpatient Surgical Services							
Reconstructive Surgery	Y ⁷²	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Oral/Maxillofacial Surgery	Y ⁷³	Y/N ⁷⁴	Y ⁷⁵	Y ⁷⁶	Y ⁷⁷	None	Required to include because service covered under EHB reference plan.
Gastric Restrictive Procedures	Y ⁷⁸	N	Y ⁷⁹	Y	N	HMO does not cover	Required to include if FEHB and State Employee EHB reference plan chosen. Not required to include if HMO reference plan chosen.
Bariatric Surgery	Y ⁸⁰	N	Y ⁸¹	Y ⁸²	N	HMO does not cover	Required to include if FEHB and State Employee EHB reference plan chosen. Not required to include if HMO reference plan chosen.
TMJ	Y ⁸³	Y ⁸⁴	Y	Y ⁸⁵	Y ⁸⁶	Variations in	Required to include because service

⁷² Excludes cosmetic surgery.

⁷³ Excludes cosmetic surgery.

⁷⁴ Regence Health: Accidents, illness, injury, emergency only. Not covered by GH Welcome or Premera.

⁷⁵ Accidents, illness, injury, emergency only.

⁷⁶ UMP: Accidents, illness, injury, emergency only.

⁷⁷ Accidents, illness, injury, emergency only.

⁷⁸ With prior authorization; via Centers of Excellence.

⁷⁹ Ages 18 and over where BMI is greater than or equal to 40, or BMI is greater than or equal to 35 w/1 + Co-Morbidities.

⁸⁰ With prior authorization; via Centers of Excellence.

⁸¹ Morbid Obesity Diagnosis for 2+ Years. Also requires psychological clearance, attempt at weight loss programs, and smoking/substance abuse clearance.

⁸² UMP: Pre/Post Program Restrictions, Comorbid condition; GH Classic and GH Value: Pre/Post Program Restrictions, Medically Necessary

⁸³ Medical benefit, not dental.

⁸⁴ GH Welcome and Premera: Up to \$1000/year, \$5000 Lifetime.

⁸⁵ GH Classic and GH Value cover Up to \$1000/year.

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			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						scope of services and limitations.	covered under EHB reference plan.
Transplants –Human Organ/Tissue							
Cornea	Y ⁸⁷	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Heart	Y ⁸⁸	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Simultaneous Heart/Lung	Y ⁸⁹	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Intestinal	Y ⁹⁰	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Kidney	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Liver	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Lung	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Pancreas	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Bone Marrow	Y	Y	Y	Y	Y	None	Required to include because service

⁸⁶ Up to \$1000/Year, \$5000 Lifetime.

⁸⁷ Limited to Medicare certified facilities and procedures.

⁸⁸ Limited to Medicare certified facilities and procedures.

⁸⁹ Limited to Medicare certified facilities and procedures.

⁹⁰ Limited to Medicare certified facilities and procedures.

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							covered under EHB reference plan.
Stem Cell	U ⁹¹	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Simultaneous Pancreas/Kidney	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Simultaneous Liver/Kidney	U ⁹²	Y/N ⁹³	Y	Y	Y	Unknown if included in Medicaid Standard.	Required to include because service covered under EHB reference plan. If Standard does not cover, Benchmark could include a service for Section VIII adults not currently covered under Standard.
Autologous Pancreas Islet Cell ⁹⁴	U ⁹⁵	Y/U/N ⁹⁶	Y	U	U	Unknown if included in Medicaid Standard, State Employee or HMO.	Required to include if FEHB selected as EHB reference plan. If Standard does not cover and FEHB selected as EHB reference plan, Benchmark could include a service for Section VIII adults not currently covered under Standard.
Transplants – Artificial Organ	U ⁹⁷	Y/N/U ⁹⁸	N	Y	N ⁹⁹	Yes. Covered	Required to include if State Employee

⁹¹ Unknown at this time.

⁹² Unknown at this time.

⁹³ Not likely covered by Premera; Likely Covered by Regence and GH Welcome.

⁹⁴ In addition to pancreas.

⁹⁵ Unknown at this time.

⁹⁶ Yes for Regence, Unknown for GH Welcome, Not likely covered by Premera.

⁹⁷ Unknown at this time.

⁹⁸ Likely covered by Regence; GH Welcome Excludes artificial hearts, artificial larynx; Unknown for Premera.

⁹⁹ Excludes artificial hearts, artificial larynx.

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Implant						under State Employee reference plan but not covered under FEHB and HMO. Unknown whether covered in Standard.	chosen as EHB reference plan. Not required to include if FEHB or HMO chosen as EHB reference plan.
Correction of Congenital Anomalies	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Insertion of Internal Prosthetic Devices	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Anesthetics	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Inpatient Physician/Other Services							
Physician Visits	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Nursing	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Administration of Blood, Plasma, and other Biologicals	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Medical Supplies	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.

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Pre-Admission Testing	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Hospice Specific Services							
Dietary Counseling	Y ¹⁰⁰	U	Y	N/U ¹⁰¹	U	Yes. Covered under Medicaid and FEHB reference plan. Not covered under State Employee plan. Unknown whether covered under HMO reference plan.	Required to include if FEHB chosen as EHB reference plan. Not required to include if State Employee chosen as EHB reference plan. Unknown if included in HMO.
Durable Medical Equipment	Y ¹⁰²	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Medical Social Services (Counseling)	Y ¹⁰³	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Private Duty Nursing	Y ¹⁰⁴	N	N	N	N	Yes. Not	Not required to include because service

¹⁰⁰ Included in hospice per diem benefit.

¹⁰¹ Not covered by UMP; Unknown for GH Classic and GH Value.

¹⁰² Included in hospice per diem benefit.

¹⁰³ Included in hospice per diem benefit.

¹⁰⁴ Included in hospice per diem benefit.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						covered in EHB reference plan but covered under Medicaid Standard.	not covered under EHB reference plan.
Oxygen Therapy	Y ¹⁰⁵	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Home Health Aids	Y ¹⁰⁶	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Respite Care	Y ¹⁰⁷	Y ¹⁰⁸	Y ¹⁰⁹	Y ¹¹⁰	Y ¹¹¹	Variations in scope of services and limitations.	Required to include because service covered under EHB reference plan.
Laboratory Services							
Providers							
Laboratory	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Inpatient Facility	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.

¹⁰⁵ Included in hospice per diem benefit.

¹⁰⁶ Included in hospice per diem benefit.

¹⁰⁷ Included in hospice per diem benefit.

¹⁰⁸ Regence: 14 inpatient or outpatient days/lifetime; GH Welcome: Maximum of 5 consecutive days/occurrence for IP Respite Care; Premera: 240 hours.

¹⁰⁹ Maximum of 7 consecutive days/occurrence for IP Respite Care.

¹¹⁰ UMP: \$5000 limit; GH Classic and GH Value: 5 days per 3 months.

¹¹¹ 240 hours.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Outpatient Facility	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Physician	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Radiologists	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Services							
Laboratory/Blood Tests	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Electrocardiograms (EKGs)	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Neurological Testing	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Pathology Services	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Urinalysis	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
X-Rays	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Electroencephalograms (EEGs)	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Ultrasounds	Y	Y	Y	Y ¹¹²	Y ¹¹³	None	Required to include because service covered under EHB reference plan.

¹¹² Ultrasound for pregnancy has limitations listed under the Maternity and Newborn Care section.

¹¹³ Ultrasound for pregnancy has limitations listed under the Maternity and Newborn Care section.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
CT scans/MRIs, PET Scans	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Bone Density Tests	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Diagnostic Angiography	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Genetic testing – Diagnostic	Y	Y ¹¹⁴	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Nuclear Medicine	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Sleep Studies	Y ¹¹⁵	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Maternity and Newborn Care							
Providers							
Inpatient Hospital	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
OB/Gyn	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Nurse Midwife	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Lactation Consultant	N	Y	Y	Y	Y	Yes. Not covered in Medicaid	Required to include because service covered under EHB reference plan. Benchmark could include a service for

¹¹⁴ GH Welcome: Only if determined medically necessary by GH's Medical Director.

¹¹⁵ Via Center of Excellence.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						Standard. Covered in EHB reference plan.	Section VIII adults not currently covered under Standard.
Alternative Birthing Center	Y ¹¹⁶	Y	Y	Y ¹¹⁷	Y	Yes. Home births covered for low risk pregnancies only under Medicaid Standard and State Employee.	Required to include because service covered under EHB reference plan. If FEHB or HMO selected as EHB reference plan, Benchmark could include a more expansive service than currently covered under Standard.
Services							
Prenatal Care							
Childbirth Classes	Y	U/Y ¹¹⁸	U	U	U	Unknown if covered in EHB reference plan.	Not required to include if service not covered under EHB reference plan.
Laboratory/Diagnosis	Y	Y	Y ¹¹⁹	Y	Y	None	Required to include because service covered under EHB reference plan.
Ultrasound	Y	Y	Y	Y ¹²⁰	Y	None	Required to include because service covered under EHB reference plan.

¹¹⁶ Only includes home births for low risk pregnancies.

¹¹⁷ Home births covered for low risk pregnancies only.

¹¹⁸ Unknown for Regence and GH Welcome; Covered by Premera Balance.

¹¹⁹ Excludes genetic testing/screening of the baby's father.

¹²⁰ UMP: once at 0-13 weeks and once at 16-22 weeks.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Tocolytic Therapy	Y	Y	Y ¹²¹	Y	Y	None	Required to include because service covered under EHB reference plan.
Postnatal Care							
Breastfeeding Education	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Mental Health treatment for Postpartum Depression	Y	Y	Y ¹²²	Y	Y	FEHB more limited than Medicaid Standard.	Required to include because service covered under EHB reference plan. If FEHB selected as EHB reference plan, Benchmark could include more limited scope of services than currently covered under Standard.
Delivery and all inpatient Services for Maternity Care							
Delivery	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Nursery Care	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Mental Health and Substance Use Disorder Services							
Providers							
Psychiatry	Y ¹²³	Y	Y	Y	Y	Reference plans more expansive than Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include more expansive scope of services than currently covered under Standard.

¹²¹ Oral tocolytic agents subject to Rx restrictions. Home nursing visits subject to Home Health Limitation (2 Hours/Day 25 Visits/Year).

¹²² 4 Visits/Year.

¹²³ Limited to 12 visits/year for adults. Limited to 20 visits/year for children 20 years of age and younger.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Psychology	Y ¹²⁴	Y	Y	Y	Y	Reference plans more expansive than Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include more expansive scope of services than currently covered under Standard.
Clinical Social Worker	Y ¹²⁵	Y	Y	Y	Y	Not covered for adults under Standard Medicaid. Covered under EHB reference plan.	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard for adults.
Professional Counselor	Y ¹²⁶	Y	Y	Y	Y	Not covered for adults under Standard Medicaid. Covered under EHB reference plan.	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard for adults.
Marriage and Family Therapist	Y ¹²⁷	Y/U ¹²⁸	N	Y/U ¹²⁹	U	Not covered by	Not required to include if FEHB

¹²⁴ For adults 21 years of age and older – limited to testing only. Limited to 20 visits/years for children 20 years of age and younger.

¹²⁵ Limited to 20 visits/year for children 20 years of age and younger.

¹²⁶ Limited to 20 visits/year for children 20 years of age and younger.

¹²⁷ Limited to 20 visits/year for children 20 years of age and younger.

¹²⁸ Unknown for GH Welcome; Regence (covered when patient is child or adolescent and therapy is used to treat a covered diagnosis); Premera (only as provided to treat an individual member's neuropsychiatric, mental, or personality disorder – includes substance abuse).

¹²⁹ Unknown for GH Classic and GH Value; UMP (only as provided to treat an individual member/s neuropsychiatric, mental, or personality disorder).

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						FEHB. Not covered for adults under Standard Medicaid. Unknown if included in HMO.	selected as EHB reference plan. Required to include to cover treatment of an individual's neuropsychiatric, mental, or personality disorder if State Employee (UMP) chosen as EHB reference plan. If UMP is chosen, Benchmark could include a service for Section VIII adults not currently covered under Standard.
Services							
Mental/Behavioral Health Inpatient Services							
Pharmacotherapy	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Psychological Testing	Y	Y ¹³⁰	Y ¹³¹	Y	Y	Minor. FEHB excludes testing for certain conditions.	Required to include because service covered under EHB reference plan.
Electroconvulsive Therapy	Y ¹³²	Y	Y	Y	Y	Reference plan more expansive than Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include more expansive scope of services than currently covered under Standard.

¹³⁰ Premera: 12 hours/year (all testing combined).

¹³¹ Excludes Testing for learning disabilities or mental retardation, applied behavioral analysis.

¹³² 1 visit per day, 12 hours per year for combined ECT.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Treatment	Y ¹³³	Y	Y	Y	Y	Reference plan more expansive than Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include more expansive scope of services than currently covered under Standard.
Mental/Behavioral Health Outpatient Services							
Office Visits	Y ¹³⁴	Y	Y	Y	Y	Reference plan more expansive than Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include more expansive scope of services than currently covered under Standard.
Pharmacotherapy	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Psychological Testing	Y	Y ¹³⁵	Y ¹³⁶	Y	Y	Minor. FEHB excludes testing for certain conditions.	Required to include because service covered under EHB reference plan.
Crisis Intervention/Acute Stabilization	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Electroconvulsive Therapy	Y ¹³⁷	Y	Y	Y	Y	Reference plan	Required to include because service

¹³³ 1 visit per day, 12 hours per year for combined ECT.

¹³⁴ Limited to 12 visits/year for adults. Limited to 20 visits/year for children 20 years of age and younger.

¹³⁵ Premera: 12 hours/year (all testing combined).

¹³⁶ Excludes Testing for learning disabilities or mental retardation, applied behavioral analysis.

¹³⁷ 1 visit per day, 12 hours per year for combined ECT.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						more expansive than Medicaid Standard.	covered under EHB reference plan. Benchmark could include more expansive scope of services than currently covered under Standard.
Substance Abuse Disorder Inpatient Services							
Diagnosis	Y ¹³⁸	Y	Y	Y	Y	None.	Required to include because service covered under EHB reference plan.
Detoxification	Y ¹³⁹¹⁴⁰	Y	Y	Y	Y	Reference plan more expansive than Standard Medicaid.	Required to include because service covered under EHB reference plan. Benchmark could include more expansive scope of services than currently covered under Standard.
Treatment	Y ¹⁴¹	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Counseling	Y ¹⁴²	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Substance Abuse Disorder Outpatient Services							
Diagnosis	Y ¹⁴³	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Detoxification	Y ¹⁴⁴	Y	Y	Y	Y	Reference plan	Required to include because service

¹³⁸ Paid and managed by ADATSA (DSHS).

¹³⁹ Paid and managed by ADATSA (DSHS).

¹⁴⁰ 3 days alcohol or 5 days drug, excludes room and board.

¹⁴¹ Paid and managed by ADATSA (DSHS).

¹⁴² Paid and managed by ADATSA (DSHS).

¹⁴³ Paid and managed by ADATSA (DSHS).

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						more expansive than Standard Medicaid.	covered under EHB reference plan. Benchmark could include more expansive scope of services than currently covered under Standard.
Treatment	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Counseling	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Pediatric Services (Including Oral and Vision Care) ¹⁴⁵							
Providers							
Pediatrician	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Other Primary Care Provider	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Services							
Dental Check-Up for Children	Y	N	Y ¹⁴⁶	N	N	Covered in Standard Medicaid. Not covered in State Employee or HMO. Covered in FEHB only to	Required to include because service required under EPSDT.

¹⁴⁴ 3 days alcohol or 5 days drug.

¹⁴⁵ Generally recognized that the Benchmark could need to draw from either the Federal Dental/Vision program (FEDVIP) or the State's CHIP programs.

¹⁴⁶ BCBS Standard covers but only with limited reimbursements.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						limited extent.	
Vision Screening for Children	Y ¹⁴⁷	Y	Y	Y ¹⁴⁸	Y ¹⁴⁹	Standard Medicaid, State Employee, and HMO limits to 1/year.	Required to include because service required under EPSDT.
Eye Glasses for Children	Y	R/N/Y ¹⁵⁰	Y ¹⁵¹	Y ¹⁵²	R	FEHB and State Employee more limited in scope than Standard Medicaid.	Required to include because service covered under EHB reference plan and required under EPSDT.
Hearing Screening for Children	Y	N/Y/N ¹⁵³	Y	Y ¹⁵⁴	Y	State Employee plan more limited.	Required to include because service covered under EHB reference plan and required under EPSDT.
Medical Foods for Children	Y	Y	Y	Y ¹⁵⁵	Y	State Employee	Required to include because service covered under EHB reference plan. If

¹⁴⁷ 1/year

¹⁴⁸ 1/year

¹⁴⁹ 1/year

¹⁵⁰ Regence (covered with optional rider, \$150/year); GH Welcome (not covered); Premera (\$150/year)

¹⁵¹ One pair per accident, condition, or to delay surgery (ex: amblyopia/strabismus)

¹⁵² \$150/2 years.

¹⁵³ Not covered by Regence or Premera; covered by GH Welcome.

¹⁵⁴ UMP: 1/year

¹⁵⁵ Phenylketonuria (PKU) only.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						covers for PKU only.	State Employee selected as reference plan, Benchmark could include more limited scope of service than currently covered under Standard.
Prescription Drugs							
Providers							
Mail Order Service	Y	Y	Y	Y	R	None	Required to include because service covered under EHB reference plan.
Retail Service	Y	Y	Y	Y	R	None	Required to include because service covered under EHB reference plan.
Services							
Generic/Brand Drugs	Y	Y	Y	Y	R	None	Required to include because service covered under EHB reference plan.
Specialty Drugs (Special Handling, Administration, Monitoring)	Y	Y ¹⁵⁶	Y	Y	R	None	Required to include because service covered under EHB reference plan.
Insulin and Needles for Diabetics	Y	Y	Y	Y	R	None	Required to include because service covered under EHB reference plan.
Contraceptive Drugs	Y	Y ¹⁵⁷	Y	Y ¹⁵⁸	R	State Employee (UMP) covers selected contraceptives	Required to include because service covered under EHB reference plan.

¹⁵⁶ Premera: Maximum 30 day supply.

¹⁵⁷ Regence: Excludes over the counter contraceptives; Premera: Prescription Only.

¹⁵⁸ UMP: Selected contraceptives only.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						only.	
Preventive and Wellness Services and Chronic Disease Management							
Providers							
Primary Care Provider	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Services							
Preventive Care/Screening for Adults							
Nutritional Counseling	Y ¹⁵⁹	Y ¹⁶⁰	Y	Y ¹⁶¹	Y	Not covered in Medicaid Standard for adults. State Employee more limited in scope than FEHB or HMO.	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard.
Tobacco Counseling	Y ¹⁶²	N/Y ¹⁶³	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Health Risk Education/Counseling	Y	U/Y ¹⁶⁴	Y	U	U	Covered in Medicaid Standard and	Required to include if FEHB chosen as EHB reference plan. Unknown whether covered in State Employee or HMO.

¹⁵⁹ Age 20 or younger and medically necessary.

¹⁶⁰ Regence: 3 visits per lifetime (no limit for diabetes).

¹⁶¹ UMP: 3 visits/lifetime; GH Classic and GH Value: as part of diabetic education only.

¹⁶² Via Quit Line.

¹⁶³ Not covered by Regence; Covered by GH Welcome and Premiera.

¹⁶⁴ Unknown for Regence and GH Welcome; Covered by Premiera.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						FEHB. Unknown for HMO and State Employee.	
Cancer Screening (Prostate, Breast, Colorectal, Cervical)	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Cholesterol Screening	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
STI Screening	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Osteoporosis Screening	N	Y	Y ¹⁶⁵	Y	Y	Covered in EHB reference plan. Not covered in Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard.
CDC Recommended Immunizations	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Diabetes Education	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Metabolic Panel	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Genetic Counseling and Screening	Y	Y	Y ¹⁶⁶	Y ¹⁶⁷	Y	None	Required to include because service covered under EHB reference plan.

¹⁶⁵ Women age 60+.

¹⁶⁶ BRCA Screening limited to cancer diagnosis. Genetic counseling for BRCA after if screen is positive.

¹⁶⁷ GH Classic and GH Value: Where medically necessary for prenatal diagnosis of congenital disorders.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Preventative Care/Screenings for Children							
CDC Recommended Immunizations	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
STI Screening	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Rehabilitative and Habilitative ¹⁶⁸ Services							
Providers							
Licensed PT/OT/ST Therapist	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Physician	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Inpatient Facility	Y	Y ¹⁶⁹	Y ¹⁷⁰	Y ¹⁷¹	Y ¹⁷²	EHB reference plans more limited than Medicaid Standard.	Required to include because service covered under EHB reference plan. Benchmark could include more limited scope of services than currently covered under Standard.
Outpatient Facility	Y	Y ¹⁷³	Y ¹⁷⁴	Y ¹⁷⁵	Y ¹⁷⁶	EHB reference plans more	Required to include because service covered under EHB reference plan.

¹⁶⁸ For all plans, “habilitative” not clearly spelled out.

¹⁶⁹ Regence and Premera: 30 IP days/Year; GH Welcome: 60 IP Days/Year, covered only if significant improvement can be expected within 60 days.

¹⁷⁰ BCBS Standard: 75 OP visits/year; BCBS Basic: 50 OP visits/year

¹⁷¹ 60 IP Days/year

¹⁷² 60 IP Days/year

¹⁷³ Regence: 25 visits/year; GH Welcome: 60 OP visits/year, covered only if significant improvement can be expected within 60 days; Premera: 15 OP visits/year

¹⁷⁴ BCBS Standard: 75 OP visits/year; BCBS Basic: 50 OP visits/year

¹⁷⁵ 60 OP visits/year

¹⁷⁶ 60 OP visits/year

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						limited than Medicaid Standard.	Benchmark could include more limited scope of services than currently covered under Standard.
Massage Therapist	N	N/Y ¹⁷⁷	N	Y ¹⁷⁸	Y ¹⁷⁹	Covered under State Employee and HMO. Not covered under Medicaid Standard and FEHB.	Not required to include if FEHB chosen as EHB reference plan. Required to include if State Employee or HMO chosen as EHB reference plan. If State Employee or HMO chosen, Benchmark could include service that is not currently covered under Standard.
Services							
Rehabilitation Services							
PT/OT/ST	Y ¹⁸⁰	Y ¹⁸¹	Y ¹⁸²	Y ¹⁸³	Y ¹⁸⁴	Variations in limitations.	Required to include because service covered under EHB reference plan.
Cognitive therapy	Y	N/U/Y ¹⁸⁵	Y ¹⁸⁶	Y/U ¹⁸⁷	U	FEHB and State	Required to include because service

¹⁷⁷ Not covered by Regence. GH Welcome: 60 IP days/year, 60 OP visits/year, covered only if significant improvement expected within 60 days. Premera: 15 OP visits/year.

¹⁷⁸ UMP: Up to 1 hr per session, 16 visits/year. GH Classic and GH Value: 60 IP Days/Year, 60 OP Visits/year.

¹⁷⁹ 60 IP Days/Year, 60 OP Visits/year, Covered only if significant improvement can be expected within 60 days.

¹⁸⁰ For ages 21+ 1 evaluation and 6/6/6 visits of PT/OT/ST, and 6 more for OT/PT/ST with EPA and qualifying condition /children unlimited.

¹⁸¹ Regence: 30 IP days/year, 25 visits/year. GH Welcome: 60 IP days/year, 60 OP visits/year, covered only if significant improvement can be expected within 60 days. Premera: 30 IP Days/year, 15 OP visits/year.

¹⁸² BCBS Standard: 75 OP visits/year; BCBS Basic: 50 OP visits/year

¹⁸³ 60 IP Days/Year, 60 OP Visits/year

¹⁸⁴ 60 IP Days/Year, 60 OP Visits/year

¹⁸⁵ Not covered by Regence. Unknown for GH Welcome. Premera: 30 IP days year, 15 OP visits/year.

¹⁸⁶ BCBS Standard: 75 OP visits/year; BCBS Basic: 50 OP visits/year

¹⁸⁷ UMP: 60 IP days/year, 60 OP visits/year. Unknown for GH Classic and GH Value.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						Employee more limited than Medicaid Standard. Unknown whether covered by HMO.	covered under EHB reference plan. If FEHB or State Employee is chosen as EHB reference plan, Benchmark could include more limited scope of services than currently covered under Standard. Unknown if included in HMO.
Cardiac Rehab	Y	U/N/Y ¹⁸⁸	Y	Y/U ¹⁸⁹	N	Not covered by HMO. Covered by FEHB, State Employee, and Medicaid Standard.	Not required to include if HMO selected as EHB reference plan. Required to include if FEHB or State Employee selected as EHB reference plan.
Massage Therapy	N ¹⁹⁰	N/Y ¹⁹¹	N	Y ¹⁹²	Y ¹⁹³	Not covered by FEHB. Covered by State Employee and HMO, subject to limits. Medicaid	Not required to include if FEHB selected as EHB reference plan. Required to include if State Employee or HMO chosen as EHB reference plan. If State Employee or HMO is chosen, Benchmark could include more expansive scope of services than

¹⁸⁸ Unknown for Regence. Not covered by GH Welcome. Premera: 30 IP days year, 15 OP visits/year.

¹⁸⁹ Covered by UMP. GH Classic and GH Value: Excluded for neurodevelopmental therapy, Not specified for other services.

¹⁹⁰ Only if done by Physical Therapist.

¹⁹¹ Not covered by Regence. GH Welcome: 60 OP visits/year, covered only if significant improvement can be expected within 60 days. Premera: 15 OP visits/year.

¹⁹² UMP: up to 1 hour per session, 16 visits/year. GH Classic and GH Value: 60 OP visits/year.

¹⁹³ 60 OP Visits/year, Covered only if significant improvement can be expected within 60 days.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						Standard covers only if done by physical therapist.	currently covered under Standard.
Maintenance/Palliative Rehabilitation Therapy	N	N	N	N	N	None	Not required to include because service not covered under EHB reference plan.
Habilitation Services							
PT/OT/ST	Y ¹⁹⁴	Y ¹⁹⁵	Y ¹⁹⁶	Y ¹⁹⁷	Y ¹⁹⁸	Variations in limitations.	Required to include because service covered under EHB reference plan.
Cognitive Therapy	Y	N/U/Y ¹⁹⁹	Y	Y/U ²⁰⁰	U	Unknown if covered in HMO.	Required to include if FEHB or State Employee selected as EHB reference plan. Unknown whether covered in HMO.
Neurodevelopmental Therapy	Y	Y ²⁰¹	N	Y ²⁰²	Y ²⁰³	State Employee and	Required to include if State Employee or HMO chosen as EHB Reference Plan.

¹⁹⁴ For ages 21+ 1 evaluation and 6/6/6 visits of PT/OT/ST, and 6 more for OT/PT/ST with EPA and qualifying condition/children unlimited.

¹⁹⁵ Regence: 30 IP days/year, 25 visits/year. GH Welcome: 60 IP days/year, 60 OP visits/year, covered only if significant improvement can be expected within 60 days. Premera: 30 IP days/year, 15 OP visits/year.

¹⁹⁶ BCBS Standard: 75 OP visits/year; BCBS Basic: 50 OP visits/year

¹⁹⁷ 60 IP days/year, 60 OP visits/year.

¹⁹⁸ 60 IP days/year, 60 OP visits/year.

¹⁹⁹ Not covered by Regence. Unknown for GH Welcome. Covered by Premera.

²⁰⁰ Probably covered by UMP; Unknown for GH Classic and GH Value.

²⁰¹ Regence: 25 visits/year, ages 6 and under. GH Welcome: 60 IP days/year, 60 OP visits/year, covered only if significant improvement can be expected within 60 days, ages 6 and under. Premera: ages 6 and under, 30 OP days/15 IP visits.

²⁰² UMP: 60 IP days/year, 60 OP visits/year. GH Classic and GH Value: 60 IP days, 60 OP visits.

²⁰³ Ages 6 and under, 60 visits/year.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						HMO more limited than Standard. Not covered by FEHB.	Not required to include if FEHB chosen as EHB Reference Plan.
Durable Medical Equipment, prosthetics							
Oxygen Equipment	Y	Y	Y ²⁰⁴	Y	Y	None	Required to include because service covered under EHB reference plan.
Wheelchairs, Crutches, Walkers	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Home Dialysis Equipment	Y	U	Y	U/Y ²⁰⁵	Y	None	Required to include because service covered under EHB reference plan.
Hearing Aids	Y ²⁰⁶	Y/N ²⁰⁷	Y ²⁰⁸	Y ²⁰⁹	R	Medicaid Standard covers for 20 and under only. EHB reference plans have varying limits.	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard.

²⁰⁴ Does not include topical hyperbaric oxygen therapy (THBO).

²⁰⁵ Unknown for UMP. Probably covered by GH Classic and GH Value.

²⁰⁶ For 20 and under only.

²⁰⁷ Regence covers cochlear implants only. Not covered by GH Welcome and Premera.

²⁰⁸ \$1250 per year per ear for children, and per 36 months for adults.

²⁰⁹ \$800/36 months.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
Glasses/Contacts	Y ²¹⁰	R/N/Y ²¹¹	Y ²¹²	Y ²¹³	Y ²¹⁴	Medicaid Standard covers for 20 and under only. Variations in scope of services and limitations.	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently covered under Standard.
Exercise Equipment for Medically Necessary Condition	N	N/U ²¹⁵	N	N	U	None	Not required to include because service not covered under EHB reference plan.
Artificial Limbs and Eyes	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Repair/Maintenance of Approved Prosthetics	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Orthotics	Y	Y ²¹⁶	Y ²¹⁷	U/Y ²¹⁸	Y	FEHB and State Employee more limited	Required to include because service covered under EHB reference plan. If FEHB or State Employee selected as

²¹⁰ For 20 and under only.

²¹¹ Regence: covered with optional rider. Not covered by GH Welcome. Covered by Premera.

²¹² One pair per accident, condition, or to delay surgery (ex: amblyopia/strabismus)

²¹³ \$150/24 months.

²¹⁴ One pair after cataract surgery.

²¹⁵ Not covered by Regence and Premera. Unknown for GH Welcome.

²¹⁶ Premera: max \$300 for foot orthotics.

²¹⁷ Functional orthotics (ex. foot, cranioplasty) prescribed by physician.

²¹⁸ UMP: Foot orthotics excluded, others not mentioned. GH Classic and GH Value, covered only if associated with diabetes.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						than Standard.	EHB reference plan, Benchmark could include a service more limited in scope than currently covered under Standard.
Rigid Devices for Foot, Skeletal Support	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Wigs for Hair Loss due to Chemotherapy treatment of Cancer	N	U	Y	Y ²¹⁹	U	Not covered in Medicaid Standard. Covered in FEHB and State Employee. Unknown for HMO.	If FEHB or State Employee chosen as EHB reference plan, Benchmark could include service for Section VIII adults not currently covered under Standard. Unknown if included in HMO.
Washington State Mandates							
Benefit Mandates							
Anesthesia for Dental Services	Y ²²⁰	Y ²²¹	N ²²²	Y ²²³	Y ²²⁴	Not covered by FEHB. Medicaid	Not required to include if FEHB selected as EHB reference plan. Required to include if State Employee

²¹⁹ Lifetime max of \$100.

²²⁰ For eligible DDD clients, children 2-8 years old, with PA for adults eligible for comprehensive dental.

²²¹ Is under the age of seven, or physically or developmentally disabled, with a dental condition that cannot be safely and effectively treated in a dental office; or has a Medical Condition that the Enrollee's physician determines would place the Enrollee at undue risk if the dental procedure were performed in a dental office.

²²² Assumed that anesthesia for dental services would be covered by the dental component of the federal plan.

²²³ Is under the age of seven, or physically or developmentally disabled, with a dental condition that cannot be safely and effectively treated in a dental office; or has a Medical Condition that the Enrollee's physician determines would place the Enrollee at undue risk if the dental procedure were performed in a dental office.

²²⁴ Is under the age of seven, or physically or developmentally disabled, with a dental condition that cannot be safely and effectively treated in a dental office; or has a Medical Condition that the Enrollee's physician determines would place the Enrollee at undue risk if the dental procedure were performed in a dental office.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						Standard covers children 2-8 and adults eligible for comprehensive dental. Covered by State Employee and HMO with certain restrictions.	or HMO selected as EHB reference plan. If State Employee or HMO selected, Benchmark could include a service for Section VIII adults not currently covered under Standard.
Cancer Chemotherapy Medications	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Chemical Dependency	Y ²²⁵	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Chiropractic Care	N ²²⁶	Y ²²⁷	Y ²²⁸	Y ²²⁹	Y ²³⁰	Covered in EHB reference plan. Not covered in Medicaid	Required to include because service covered under EHB reference plan. Benchmark could include a service for Section VIII adults not currently

²²⁵ Managed by ADATSA (DSHS).

²²⁶ For 20 & under only.

²²⁷ Regence: 10 spinal manipulations/year (applies when groups choose a limit). GH Welcome: 10 manipulations/year. Premera: 12 manipulations/year.

²²⁸ 1 office visit/year, 1 X-ray, 12 osteopathic/chiropractic manipulations/year.

²²⁹ UMP: 10 manipulations/year.

²³⁰ 10 manipulative therapy visits/year.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						Standard for adults.	covered under Standard.
Colorectal Cancer Exams and Laboratory Tests	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Congenital Anomalies in Children and Newborns	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Contraceptive Coverage	Y	Y ²³¹	Y	Y ²³²	Y	State Employee (UMP) covers selected contraceptives only.	Required to include because service covered under EHB reference plan.
Coverage at a Long-Term Care (LTC) Facility after Hospitalization	Y	Y	U	Y	Y	Unknown if covered by FEHB.	Required to include if State Employee or HMO selected as EHB reference plan. Unknown if covered by FEHB.
Denturist Services	Y ²³³	Y	U	Y	Y	Unknown if covered by FEHB. Medicaid Standard covers children 2-8 and adults eligible for	Required to include if State Employee or HMO selected as EHB reference plan. If State Employee or HMO selected, Benchmark could include a service for Section VIII adults not currently covered under Standard. Unknown if covered by FEHB.

²³¹ Regence and Premera: Prescription only.

²³² UMP: Selected contraceptives only.

²³³ For eligible DDD clients, children 2-8 years old, with PA for adults eligible for comprehensive dental.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						comprehensive dental.	
Diabetes Coverage	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Emergency Medical Services in an Emergency Department	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Home Health Care, Hospice	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Mammograms	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Mastectomy, Lumpectomy	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Minimum Hospital Stays for Newborns and Mothers (Erin Act in WA)	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Neurodevelopmental Therapies (Ages 0-6)	Y	Y	N	Y	Y	Not covered by FEHB.	Required to include if State Employee or HMO selected as EHB reference plan. Not required to include if FEHB selected as EHB reference plan.
Phenylketonuria (PKU)	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Podiatry/Chiropractic	Y ²³⁴	Y ²³⁵	Y ²³⁶	Y ²³⁷	Y ²³⁸	Variations in	Required to include because service

²³⁴ No coverage for routine.

²³⁵ UMP and Premera: metabolic/peripheral vascular disease (ex: diabetes) only. GH Welcome: covered where medically necessary (e.g. Diabetes) only.

²³⁶ Metabolic/peripheral vascular disease (ex: diabetes) only.

²³⁷ UMP: Metabolic/peripheral vascular disease (ex: diabetes) only.

Benefit Category ⁱⁱ	Medicaid Services 2012 Categorically Needy/CHIP (Standard)	EHB for Exchange ⁱⁱⁱ (Individual Market)	Potential Benchmark Benefit Options in 2014 ^{iv} (EHB Reference Plans)			Meaningful Differences ¹	State Considerations for Medicaid Benchmark Covered Services
			FEHB ^v	State Employee ^{vi}	HMO ^{vii}		
						coverage limitations.	covered under EHB reference plan.
Prenatal Diagnosis of Congenital Disorders	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Prostate Cancer Screening	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Reconstructive Surgery after Mastectomy	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Women's Health Care Services	Y	Y	Y	Y	Y	None	Required to include because service covered under EHB reference plan.
Temporomandibular Joint Disorder (TMJ)	Y ²³⁹	Y ²⁴⁰	Y ²⁴¹	Y ²⁴²	Y ²⁴³	Variations in scope of services and limitations.	Required to include because service covered under EHB reference plan.

²³⁸ Metabolic/peripheral vascular disease (ex: diabetes) only.

²³⁹ As medical benefit.

²⁴⁰ Premera: up to \$1000/year.

²⁴¹ Excludes orthodontic care for treatment of TMJ.

²⁴² UMP: only includes surgical treatment of TMJ. GH Classic and GH Value: Up to \$1000/year.

²⁴³ Up to \$1000/year, \$5000 Lifetime.

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ⁱ For this analysis, we relied on two prior analyses by Milliman: 1) a January 31, 2012 analysis of the State’s small group plans, FEHBP, State Employee benefit plan, Largest Insured HMO, and Medicaid Categorically Needy for purposes of selecting EHBs for the 2014 Exchange implementation (“2012 Analysis”), and 2) a Working Draft of the 2012 Analysis with handwritten edits made by the State to the Medicaid entries (dated 1/19/12) (“Draft 2012 Analysis”).

ⁱⁱ The benefit categories were defined based on the 2012 Analysis and the Draft 2012 Analysis. We note that certain categories appeared in the 2012 Analysis but not in the Draft 2012 Analysis, and vice versa. Entries designated by Milliman as “probably covered” or “probably not covered” in the 2012 Analysis and the Draft 2021 Analysis were treated as “covered” or “not covered” for purposes of this analysis.

ⁱⁱⁱ For this category, we relied on the 2012 Analysis and the Draft 2012 Analysis (where applicable) of the three small group plan options: Regence Innova (“Regence”), Group Health Welcome 1000 (“GH Welcome”), and Premera Balance (“Premera”), noting any significant differences among the three options. The 2012 Analysis recommends selection of the most prevalent small group plan as the State’s EHB Benchmark for purposes of the 2014 Exchange and compares these three options.

^{iv} HHS has stated that “[f]or Medicaid Benchmark and Benchmark equivalent plans, three of the Benchmark plans described in section 1937 (the State’s largest non-Medicaid HMO, the State’s employee health plan, and the FEHBP BCBS plan) may be designated by the Secretary as EHB Benchmark plans, as described in the EHB Bulletin.”

^v For this category, we relied on the 2012 Analysis and the Draft 2012 Analysis (where applicable) of the BCBS Standard Option and BCBS Basic Option, noting any significant differences between the two options.

^{vi} For this category, we relied on the 2012 Analysis and the Draft 2012 Analysis (where applicable) of the Uniform Medical Plan (“UMP”), Group Health Classic (“GH Classic”), and Group Health Value (“GH Value”) options, noting any significant differences among the three options.

^{vii} For this category, we relied on the 2012 Analysis and the Draft 2012 Analysis (where applicable) of the Group Health HMO master contract. The 2012 Analysis notes that “GHC Copay HMO master contract included potentially contradictory provisions and numerous riders, making it difficult to interpret exact benefit provisions.”